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company has been notified in writing of this change.

H17000182201

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BDUCATION & HEALTH P	ROVIDERS OF AMERICA, LLC.	
Name of the Limited Liability Co. (A Plorida Limit	nouny as it now appears on our recorded Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Compa Florida document number 1.09000122430	any were filed on 12/28/2009	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
KID'S COLLEGE PRESCHOOL, LLC.		7 · 2
The new name must be distinguishable and commin the words "Limited Li	ability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	<u>_</u>
		· - .
Enter new mailing address, if applicable:) : : 6:
(Mailing address MAY BE A POST OFFICE BOX)		\$. C
Englishing quaress 61/(1 n.e. A POST OFFICE 60/A)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		
textstered agent andror the new register an orner address a	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s .
İ	•	
	City , F10	orida Zip Code
 New Registèred Agent's Signature, if changing Registered Age	nt.	·
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I fin	ther agree to comply with the
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	ete performance of my auties, an	a i am jamuiar wun and ES Or if this document is
accept the obligations of my position as registered agent a heina filedito meraly reflect a change in the registered offi		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

3052201440

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	DA VID GONZALEZ	3644 10 AVENUE NORTH	
		PALM SPRINGS, FL 33461	■ Remove
			□ Change
MGR	LISSETTE GONZALEZ	3644 10 A VENUE NORTH	
		PALM SPRINGS, FL 33461	≅ Remove
			□ Change
MGR	JOHN I DUQUE	3644 10 AVENUE NORTH	⊞ Add
		PALM SPRINGS, FL 33461	□ Remove
			□ Change
MGR	CLAUDIA DUQUE	3644 10 AVENUE NORTH	= Add
		PALM SPRINGS, FL 33461	□ Remove
			☐ Change
MGR	JONATHAN DUQUE	3644 10 AVENUE NORTH	= Add
		PALM SPRINGS, FL 33461	FG Remove
			Change Change
			Chager SS D Addu
			9

Effective date, if other than the date of filing: (optional) (francfective date, if lother than the date of filing: (optional) (francfective date is lated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,0207 (3 Note; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	1	Signature of a mamber of suthorized supresentative of a member	
Effective date, if other than the date of filing:		July 12 12 20175	t of:
	(If an effecti <u>Note:</u> If the document	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the offective date on the Department of State's records.	i as the
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